

MICHIGAN DEPARTMENT OF CORRECTIONS
RESPONSE TO REQUEST FOR PUBLIC RECORDS - FOIA

CSH-479
 REV 6/19

Requester Name: <i>Ian Cross</i>	Requester Type: <i>General Public</i>	Request Date <i>5/20/2021</i>	Received Date <i>5/21/2021</i>	FOIA No. 21- 585
Address: <i>ian@lawinannarbor.com</i>		Description of Requested Records: <i>"I would like to request under the FOIA all emails sent to or received from the address "papendickk@michigan.gov" between the dates of November 1, 2016 and November 30, 2016."</i>		
THE FOLLOWING ACTION HAS BEEN TAKEN IN COMPLIANCE WITH THE MICHIGAN FREEDOM OF INFORMATION ACT				
Request Granted	<input type="checkbox"/>	No. of pages:	See fee assessment below.	
Request Granted in Part/Denied in Part	<input checked="" type="checkbox"/>	No. of pages: 541	Portions of requested records are exempt from disclosure. See explanation and fee assessment below.	
Request Denied	<input type="checkbox"/>	Requested records are exempt from disclosure. See explanation below.		
	<input type="checkbox"/>	Requested records do not exist within the records of this Department under the name or description provided or by another name reasonably known to this Department.		
	<input type="checkbox"/>	Request does not describe the record sufficiently to enable this Department to determine what record is requested.		
	<input type="checkbox"/>	To the extent the records are available, home address, telephone numbers, and personnel records of employees of this Department are exempt from disclosure pursuant to MCL 791.230a. This includes but is not limited to investigatory, disciplinary, and time and attendance records.		
10 Day Extension	<input type="checkbox"/>	Due Date:	Reason for Extension:	
FEE ASSESSMENT				
<input type="checkbox"/> Fee Waived.				
<input type="checkbox"/> Non-exempt records will be sent upon receipt of payment in the amount of _____ payable by check or money order to the State of Michigan. Cash cannot be accepted. Send payment to Michigan Department of Corrections, Attn: FOIA Coordinator, at the return address identified on the envelope or as otherwise provided.				
<input type="checkbox"/> A 50% good faith deposit is required in the amount of _____ payable by check or money order to the State of Michigan. Cash cannot be accepted. Send payment to Michigan Department of Corrections, Attn: FOIA Coordinator, at the return address identified on the envelope or as otherwise provided. Upon receipt of the deposit, the Department will process your request. Thereafter, you will be informed of the balance due and any applicable exemptions.				
SEE BELOW AND BACK OF FORM IF RECORDS ARE EXEMPT FROM DISCLOSURE OR FOR ADDITIONAL INFORMATION				
On June 8, 2021, the Department received a deposit amount of \$607.11. Your request was processed and completed. The final remaining balance of \$607.12 is due . Once we have received the final balance owed, we will send the non-exempt releasable records to you upon receipt of payment. Please note, DTMB was only able to retrieve sent to emails from the custodian email address.				
FOR THE ENCLOSED RECORDS, THE FOLLOWING EXEMPTIONS APPLY UNDER THE FOIA: Prisoner names and numbers and the DOB are exempt under Section 13(1)(a) and (c). Business email addresses, telephone numbers, and fax numbers are exempt under Section 13(1)(a). Safety and security information is exempt under Section 13(1)(c) and (u).				
The MDOC's FOIA Procedures and Guidelines can be accessed at www.michigan.gov/corrections/0,4551,7-119-72644-357786--,00.html . If your request is denied in whole or in part, or you believe the fee charged exceeds the amount allowed by the Department's procedures and guidelines or MCL 15.234, you have the right under the Michigan Freedom of Information Act to:				
<ol style="list-style-type: none"> 1 Appeal the denial of your request or the fee charged to the Director. Your appeal must be submitted in writing to the Michigan Department of Corrections, Attn: Office of Legal Affairs, P.O. Box 30003, Lansing, MI 48909. The appeal must be specifically identified as a FOIA appeal and must state the reason or reasons for reversal of the denial or specifically identify how the required fee exceeds the amount permitted. The Director will respond to the appeal in accordance with MCL 15.240. 2 Commence a civil action in the Court of Claims within 45 days after receiving a determination of your appeal to the Director for a fee reduction. 3 Commence a civil action in the Court of Claims within 180 days after the final determination is made to complete the Department's disclosure of the public records. If you prevail in such an action, the court is to award reasonable attorney fees, costs and disbursements, and possible damages. 				
I CERTIFY THAT THE DOCUMENTS PROVIDED IN RESPONSE TO THIS REQUEST ARE TRUE AND ACCURATE COPIES.				
FOIA COORDINATOR: <i>Andrew Phelps</i>			DATE: October 22, 2021	

Rivard, Caleb (MDOC)

From: Papendick, Keith (MDOC-Contractor)
Sent: Tuesday, November 29, 2016 11:56 AM
To: McNamara, James M. (MDOC)
Subject: RE: [REDACTED]

Still not convinced.

-----Original Message-----

From: McNamara, James M. (MDOC)
Sent: Tuesday, November 29, 2016 10:37 AM
To: Papendick, Keith (MDOC-Contractor)
Subject: RE: JAMES A. FOX

Yes. Pt is aware of lifting restrictions and obeys them. He is on a bowel regimen to prevent constipation straining. He does not request pain medications beyond Tylenol. When the hernia protrudes he is in extreme pain and has had 4 hospital visits in the last month as we are not able to reduce it here. It seems cost effective to have it repaired.

-----Original Message-----

From: Papendick, Keith (MDOC-Contractor)
Sent: Tuesday, November 29, 2016 10:33 AM
To: McNamara, James M. (MDOC)
Subject: [REDACTED]

MDOC approves surgery for irreducible or scrotal hernias. Since this is reduced, are you requesting special dispensation? Pt. should limit all lifting and restrict weight pit use.